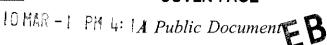
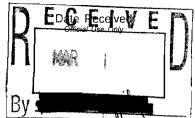
FAIR POLITICAL PRACTICES COMMISSION

RESTATEMENT OF ECONOMIC INTERESTS AIR POLITICAL TICES COMMISSIONOVER PAGE





Please type or print in ink.

Candidate

Election Year:

NAME (LAST)	(FIRST)	(MIDDLE)		DAYTIME TELEPHONE NUMBER
Conway	Connie	М		
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
1. Office, Agency, or Cou	irt	4. Schedule	Summar	у
Name of Office, Agency, or Court:		► Total number of pages including this cover page:		
CA State Assembly		including this	cover page	2.
Division, Board, District, if applical	ole:	► Check applica interests."	ible schedul	es or "No reportable
Your Position:		I have disclose attached schee		on one or more of the
Assemblywoman ► If filing for multiple positions, lis		Schedule A-1 Investments (Les		chedule attached ership)
position(s): (Attach a separate Agency: <u>CA Commission on Dis</u>		Schedule A-2	_	Chedule attached
Position: Commissioner		Schedule B Real Property		chedule attached
2. Jurisdiction of Office (Check at least one box)	Schedule C Income, Loans, and Travel Payment	& Business Po	chedule attached ositions (Income Other than Gilts
X State		Schedule D	X Yes - so	chedule attached
County of		Income - Gifts		
City of		Schedule E		chedule attached
Multi-County	·····	Income – Gifts –	Travel Payme	ents
Other		1	-or-	
3. Type of Statement (Che	eck at least one box)	☐ No reportab	le interests o	on any schedule
	ite:/			
-		5. Verification	ו	
Annual: The period covered is through December 31, 2009.	January 1, 2009,			diligence in preparing this
-or-				nis statement and to the best on contained herein and in any
O The period covered is December 31, 2009.	/, through	attached schedule		
Leaving Office Date Left:(Check one)				ry under the laws of the State ing is true and correct.
O The period covered is Janua date of leaving office.	ry 1, 2009, through the	Date Signed	3/	1/10
-or-				
O The period covered is the date of leaving office.	/, through	Signature		

FPPC Toll-Free Helpline: 866/ASK-FPPC www.ippc.ca.gov

SCHEDULE D Income - Gifts

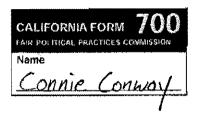
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Connie Conway

➤ NAME OF SOURCE	► NAME OF SOURCE		
Pechanga Band of Mission Luiseno Mission Indians	Medimmune, Inc.		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
P.O. Box 1477, Temecula, CA 92593	1 MedImmune Way, Gaithersburg, Maryland 20878		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Tribal Nation	Pharmaceutical Company		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
11 , 10 , 09 s 201.66 Golf	4 , 17 , 09 s 58.72 Meal		
	\$		
► NAME OF SOURCE	NAME OF SOURCE		
CA Grape and Tree Fruit League	AT&T		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
978 W. Alluvial, Suite 107, Fresno CA 93711-5700	400 Capitol Mall, Suite 1700, Sacramento, CA 95814		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Trade Association DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(\$)	Communications Company DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
	brite (illineary) where become note of the		
6 , 17 , 09	7 <u>/ 11 / 09</u> <u>\$ 165.00</u> Golf		
NAME OF SOURCE	► NAME OF SOURCE		
CA Poultry Federation			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
4640 Spyres Way, Ste 4, Modesto, CA 95356			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Trade Association DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
3 / 3 / 09 s 192.14 Meal and transportatio	\\\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
<u> </u>	\$		
	s		
Comments:	*		

SCHEDULE D Income - Gifts



NAME OF SOURCE Various natural resource and environmental entities	NAME OF SOURCE		
ACORESS (Business Address Acceptable)	AOORESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Natural resource and environmental issues			
DATE (mm/ds/yy) VALUE DESCRIPTION OF GIFT(S)	OATE (minuladlyy) VALUE DESCRIPTION OF GIFT(S		
01 , 28 , 09 s 86.54* Reception			
	\$ \$		
VAME OF SOURCE	► NAME OF SOURCE		
GORESS (Business Address Acceptable)	AOORESS (Business Address Acceptable)		
IUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
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<i></i> \$	s		
IAME OF SOURCE	► NAME OF SOURCE		
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ATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
s	s		
	s		
mments: 13 entities sponsored this event, each reporting	a diff of CC CC paration doe		

FPPC Form 700 (2009/2010) Sch. D FPPC Toti-Free Helpi(ne: 866/ASK-FPPC www.fppc.ca.gov